

Steps for Obtaining Class C Charter Bus Certificate

- Step 1:** **Completion of Application for Certificate of Public Convenience and Necessity for Operation of a Motor Vehicle Carrier**
- A. Complete all sections of the application (Form C-AC)
 - B. Provide all signatures as required
 - C. Application must be notarized in appropriate areas
 - D. If Applicant is incorporated, please attach Articles of Incorporation
 - E. Mail completed application to:
**Public Service Commission
Docketing Department
Post Office Drawer 11649
Columbia, SC 29211**
 - F. Contact the **Office of Regulatory Staff Transportation Department at 803/737-0800** with any questions regarding the Certification Process.
- Step 2:** **Applicant is assigned a Docket Number**
- A. Applicant will receive a letter from the Public Service Commission confirming receipt of the application and assigning a Public Service Commission Docket Number. This Docket Number may be used to track Application status on Public Service Commission website: www.psc.sc.gov
- Step 3:** **Public Service Commission Action**
- A. Public Service Commission may discuss and approve/deny Application during a regularly scheduled Public Service Commission meeting.
 - B. Applicant will receive an Order approving/denying the application from the Public Service Commission.
 - C. If approved, the Applicant has 60 days from date of the Order to comply with the rules and regulations of the Public Service Commission.
- Step 4:** **Compliance with Public Service Commission Rules and Regulations**
- A. **Safety Audit and Certification**
 - 1. Contact SC State Transport Police at 803/896-5500 to schedule a safety audit.
 - 2. Complete and return the Safety Certification to the ORS via mail or fax:
**Office of Regulatory Staff
Transportation Department
PO Box 11263
Columbia, SC 29211
803/737-0801 (Fax)**
 - B. **Proof of Insurance**
 - 1. Contact your insurance agent and request the insurance carrier complete and file the **Form E** (Uniform Motor Carrier Bodily Injury and Property Damage Liability Certificate of Insurance). Insurance carrier must then file the Form E with ORS by:
 - a. Faxing Form E to ORS at (803) 737-0801
 - b. Mailing hardcopy of Form E to:
**Office of Regulatory Staff
Transportation Department
PO Box 11263
Columbia, SC 29211**
- Step 5:** **Issuance of Certificate**
- A. Applicant will receive a Certificate of Public Convenience and Necessity upon completion of Step 4.
 - B. Operation without the Certificate of Public Convenience and Necessity is prohibited.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

DOCKETING DEPARTMENT

101 Executive Center Drive

Columbia, SC 29210

(Mailing address: Post Office Box 11649, Columbia, SC 29211)

OFFICE # (803) 896-5100

FAX # (803) 896-5199

CLASS C – CHARTER BUS

DATE _____, 20__

APPLICATION FOR CLASS C-CHARTER BUS CERTIFICATE

Application is hereby made for a Class C-Charter Bus Certificate.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

2. (a) Street Address of Applicant _____

(b) Mailing address, if different from street address _____

(c) Telephone Number _____ SS No. _____

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, need SC Secretary of State "Foreign Corporation" Certificate.)

4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

5. The proposed list of equipment is as per Exhibit "D" included herewith.

6. Applicant is familiar with the provision of R. 103-170 through R. 103-181 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

INSURANCE QUOTE

The following insurance quote is for:

(Name of Motor Carrier)

(Address of Motor Carrier)

Amount of Premium:

Liability Insurance _____

The above quoted premium is for a term of _____ months.

Minimum Limits: 16 or more passengers - 25,000/300,000/10,000
(Intrastate Only)

(Insurance Company Name)

(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

Date

(Authorized Insurance Company Representative)

EXHIBIT FWA

Name: _____

U.S.D.O.T. No. _____ **ICC No.** _____

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

Yes _____ No _____ Pending _____ (Submit when received)
(If "yes", indicate rating and provide copy) Satisfactory _____
Conditional _____
Unsatisfactory _____

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

Yes _____ No _____

3. Are there currently any outstanding judgement(s) against Applicant?

Yes _____ No _____
(If "yes", indicate nature of judgement(s).)

4. Is Applicant familiar with all insurance regulations and safety regulations, governing charter bus carrier operations in South Carolina and does applicant agree to operate in compliance with these regulations?

Yes _____ No _____

5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

Yes _____ No _____
(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

APPLICANT'S OATH

I, _____, verify under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further I certify that I am qualified and authorized to file this application. I certify that all vehicles owned and/or operated by the applicant have current Record Of Annual Inspection forms on file at the company's primary place of business. I am aware that willful misstatements or omissions of material facts may constitute grounds for revocation of any certificate that may be granted to me by the Commission, and/or may subject me to such other penalties as may be prescribed by South Carolina law. (Note: This oath embraces all schedules and supplemental filings to this application.)

(Applicant's Signature)

Sworn to before me

At _____

This _____ day of _____, 20____

(Notary Public)

Commission Expires: _____

Detach, complete and remit **AFTER** your safety audit has been performed by State Transport Police.

(Applicant's name)

SAFETY CERTIFICATION

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and is familiar with all applicable U.S.D.O.T. regulations relating to the safe operation of commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair and maintenance (49 CFR Parts 392;395 and 396);
6. Are in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

PLEASE CHECK THE APPROPRIATE BOX	
<input type="checkbox"/> YES	<input type="checkbox"/> NOT APPLICABLE

EXEMPT APPLICANTS - If you will operate only small vehicles (GVWR of 10,000 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines as well as all applicable State laws and regulations relating to the safe operation of commercial motor vehicles.

PLEASE CHECK THE APPROPRIATE BOX	
<input type="checkbox"/> YES	<input type="checkbox"/> NOT APPLICABLE

APPLICANT'S OATH

I, _____, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certificate that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material facts constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

Sworn to before me

at _____

this _____ day of _____ 20____

Notary Public

Signature of Applicant
(Not Legal Representative)